## PATENT APPLICATION FEE DETERMINATION RECORD Effective OCUODO1, 2003

**Application or Docket Number** 

10/634540

| CLAIMS AS FILED - PART I                                                                                                   |                                                           |                                           |                                |                                |                     |                  | ,      | SMALL E             | NTITY                  |          | OTHER               | THAN                   |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|--------------------------------|--------------------------------|---------------------|------------------|--------|---------------------|------------------------|----------|---------------------|------------------------|
|                                                                                                                            |                                                           |                                           | (Column 1)                     |                                | (Column 2)          |                  |        | TYPE                |                        | OR       | SMALL               |                        |
| TOTAL CLAIMS                                                                                                               |                                                           |                                           |                                |                                |                     |                  |        | RATE                | FEE                    | 1        | RATE                | FEE                    |
| FOR                                                                                                                        |                                                           |                                           | NUMBER FILED                   |                                | NUMBER EXTRA        |                  |        | BASIC FEE           | *385                   | OR       | BASIC FEE           | 3770                   |
| TOTAL CHARGEABLE CLAIMS                                                                                                    |                                                           |                                           | minus 20=                      |                                | *                   |                  |        | X\$₽=               |                        | OR       | X\$ 8=              |                        |
| INDEPENDENT CLAIMS                                                                                                         |                                                           |                                           | minus 3 =                      |                                | *                   |                  |        | X43=                |                        | OR       | x8P=                |                        |
| M                                                                                                                          | JLTIPLE DEPE                                              | NDENT CLAIM P                             | REȘENT                         |                                |                     |                  | ļ      | +145=               |                        |          |                     |                        |
| * (                                                                                                                        | the difference                                            | e in column 1 is                          | less than zero, enter "0" in c |                                |                     | xolumn 2         | Į      | TOTAL               | ļ <del></del> .        | OR<br>OR | +∂90=<br>TOTAL      |                        |
|                                                                                                                            |                                                           | CLAIMS AS A                               | MENDED - DART II               |                                |                     |                  |        | TOTAL               | <del></del>            | Iou      | •                   | T. 1 4 4 1             |
| _                                                                                                                          | CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column |                                           |                                |                                |                     |                  |        | SMALL               | ENTITY                 | OR       | OTHER<br>SMALL      |                        |
| <b>AMENDMENT A</b>                                                                                                         |                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                            | Total                                                     | . 15                                      | Minus                          | <i>"a</i>                      | 0                   | = / .            |        | x\$9=               |                        | OR       | <b>X\$(</b> 8=      |                        |
| AM                                                                                                                         | Independent                                               | NTATION OF M                              | Minus                          | . ***                          | 3                   | = /-             |        | XXI3=               |                        | OR       | X26-                |                        |
| <u> </u>                                                                                                                   | ·                                                         | ·                                         | octifice del                   | ENDENT                         | ·                   |                  |        | +145 =              |                        | OR       | ÷340=               |                        |
| -                                                                                                                          |                                                           |                                           |                                |                                |                     |                  | L      | TOTAL<br>ADDIT. FEE | <u> </u>               | OR       | TOTAL<br>ADDIT. FEE | /                      |
|                                                                                                                            |                                                           | (Column 1)                                |                                | (Colun                         | nn 2)               | (Column 3)       | •      |                     | -                      | • .      | ADDII. 1 EE         |                        |
| AMENDMENT B                                                                                                                |                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
| QN:                                                                                                                        | Total                                                     | *                                         | Minus                          | **                             |                     | =                |        | X19 = .             | ·<br>  .               | OR       | x\$/8=              |                        |
| AME                                                                                                                        | Independent                                               | *                                         | Minus                          | ***                            |                     | = .              | 11     | X13=                |                        | OR       | ×86=                |                        |
|                                                                                                                            | FIRST PRESE                                               | NTATION OF MU                             | JLTIPLE DEF                    | ENDENT                         | . 🗆 : •             | <b>l</b>         | ····   | ·                   | Un                     |          |                     |                        |
|                                                                                                                            |                                                           | •                                         |                                |                                |                     |                  | L      | +145=               |                        | OR       | + <b>3</b> 90=      |                        |
|                                                                                                                            |                                                           |                                           |                                |                                |                     |                  | A      | TOTAL<br>ODIT. FEE  |                        | OR       | ADDIT: FEE          |                        |
| . •                                                                                                                        | • .                                                       | (Column 1)                                |                                | (Colun                         | nn 2)               | (Column 3)       | _      |                     |                        |          | •                   | •                      |
| AMENDMENT C                                                                                                                |                                                           | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUME<br>PREVIO<br>PAID | BER<br>DUSLY        | PRESENT<br>EXTRA |        | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                            | Total                                                     | *                                         | Minus                          | **                             |                     | =                |        | X\$9=               |                        | OR       | X\$[8=              |                        |
|                                                                                                                            | Independent                                               | *                                         | Minus                          | ***                            |                     | <u> </u>         |        | x43=                |                        | OR       | ×86                 |                        |
|                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM            |                                           |                                |                                |                     |                  | J þ    |                     |                        |          |                     | <del> </del>           |
| • If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                      |                                                           |                                           |                                |                                |                     |                  |        |                     |                        | OR       | +310=               |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE |                                                           |                                           |                                |                                |                     |                  |        |                     |                        |          | TOTAL<br>ADDIT. FEE |                        |
| •                                                                                                                          | The "Highest Num                                          | ber Previously Paid                       | for" (Total or                 | Independe                      | enl) is the         | highest numbe    | er fou | nd in the ap        | propriate bo           | x in co  | dumn 1.             |                        |